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Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance: special economic assistance to individual countries or regions

New United Nations approach to cholera in Haiti

Report of the Secretary-General

I. Introduction

1. The present report is submitted pursuant to General Assembly resolution 71/161 B, in which the Assembly welcomed the appointment of the United Nations Special Envoy for Haiti. The Assembly also welcomed the intention of the Secretary-General, in line with paragraph 69 of the report on the new approach to cholera in Haiti (A/71/895), to invite Member States, when informing them of their respective share of the unencumbered balance and other income for the United Nations Stabilization Mission in Haiti (MINUSTAH) in respect of the financial period ended 30 June 2016, to voluntarily direct their share, on an exceptional basis and to the extent compatible with their national legislative frameworks, to the United Nations Haiti cholera response multi-partner trust fund so as to support the new approach. The Assembly requested the Secretary-General to submit a comprehensive report on the implementation of the new approach and to include therein information on the status of the trust fund, for consideration by the Assembly.

2. On 1 December 2016, the Secretary-General submitted to the General Assembly his report on the new approach to cholera in Haiti (A/71/620). In its resolution 71/161, the Assembly recognized that the United Nations had a moral responsibility to the victims of the cholera epidemic in Haiti, as well as to support the country in overcoming the epidemic and building sound water, sanitation and health systems. The Assembly welcomed the new approach and called upon all Member States, relevant United Nations bodies and other international governmental and non-governmental partners to provide their full support to the new approach, in particular to intensify their efforts to respond to and eliminate cholera and to address the suffering of its victims, including by providing material assistance and support to communities and those Haitians most directly affected by cholera.

3. The implementation of the new approach is a centrepiece of the global call to action issued by the Secretary-General to eliminate the transmission of cholera, for

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which a United Nations Special Envoy for Haiti was appointed on 1 July 2017. The Special Envoy has been asked to step up efforts to overcome the last mile in efforts to eliminate the transmission of cholera in Haiti and to work with the United Nations country team to anchor the cholera response in a broader approach that is guided by the 2030 vision of Haiti for inclusive, sustainable development and economic growth.

4. In order to achieve the goals of the new approach, adequate and predictable funding needs to be attracted. Since the outbreak, the United Nations and the international community has spent more than $680 million on the fight against cholera in Haiti. This includes the construction of water and sanitation systems in the communities that have been hit the hardest, which has had a direct impact on the well-being of millions of Haitians. These resources have funded and continue to fund ongoing community response mechanisms, which brought the transmission rate down from more than 18,500 cases a week to 80 a week in the first 17 weeks of 2018. For example, the United Nations Children's Fund (UNICEF) is currently directing about $1 million a month into Haiti to bring emergency support directly to victims of cholera in every corner of the country.

5. While not all funding passes through the United Nations Haiti cholera response multi-partner trust fund, all those efforts fall within the new United Nations approach to cholera. The trust fund is only one of many vehicles that direct money into Haiti, and the Special Envoy and others continue to work tirelessly to raise funds. To that end, the Special Envoy is working on innovative financing mechanisms, including a possible development impact bond, to achieve the goals of the new approach. It is particularly important to attract resources for track 2 of the new approach, which calls for support for the victims and communities that have been hardest hit. Funding for that component is steadily picking up. As a first step, the United Nations has disbursed $150,000 for each of the five initial communities under track 2 for the implementation of community-developed projects.

6. The United Nations is working closely with the Government of Haiti on its national sustainable development plan, in line with the 2030 Agenda for Sustainable Development, as well as to help to ensure that the new approach to cholera is successfully funded and implemented. This unfolds in the context of the establishment of the two-year mandate of the United Nations Mission for Justice Support in Haiti (MINUJUSTH), which has opened the way for a new form of United Nations presence and partnership in Haiti. The Secretary-General and the Deputy Secretary-General, Amina J. Mohammed, have underscored the importance of solid, concrete and rapid action in support of the Government's efforts to eliminate the transmission of cholera and, more broadly, to achieve sustainable, inclusive development. Member States have been called upon to stand with the United Nations in demonstrating their support to the implementation of the new approach or risk this goodwill dissipating.

7. The Deputy Secretary-General and the Special Envoy went on mission to Haiti from 3 to 5 November 2017 to meet and consult the Government of Haiti and the people most affected by cholera. The epidemic resulted in significant suffering and loss. Considerable progress has been achieved, and the ability to completely eliminate the transmission of cholera is now within reach. As a result of a bold and innovative strategy and deep collaboration among the Government, the United Nations system, Member States, the private sector, community actors and civil society, the weekly transmission rate has been reduced by 99 per cent since the outbreak. The work of the United Nations to eliminate the transmission of cholera and treat ongoing cases is driven in large part by actors at the community level, including local community organizations, community health workers and local health-care practitioners. The Office of the United Nations Special Envoy for Haiti is working with the Government, the United Nations system and cholera experts to determine the earliest date possible

to target the elimination of the last 1 per cent of cases to reach zero transmission, which is often the hardest part of the battle. There is growing consensus that it is achievable in less than four years if the necessary funds can be put behind an updated strategy in the national plan for the elimination of cholera.

8. As set out in the report of the Secretary-General to the Security Council on MINUSTAH (S/2017/223), the return to constitutional order and a continued period of political stability ahead in Haiti offer the opportunity for the country to move from economic fragility to sustainable growth and development, with assistance from the international community in support of national efforts to implement the 2030 Agenda.

II. Update on the incidence of cholera in Haiti

9. Cholera causes severe, acute, dehydrating diarrhoea that can kill children and adults in less than 12 hours. It is the result of infection by a pathogenic strain of the bacterium *Vibrio cholerae*, which is capable of producing a potent toxin known as cholera toxin. Depending on the severity of the infection, cholera may be treated with oral rehydration salts, intravenous fluids and/or antibiotics. The case fatality rate in a well-managed cholera outbreak should be less than 1 per cent.

10. The table illustrates the incidence of suspected cholera cases in Haiti between October 2010 and March 2018.

Incidence of suspected cholera cases in Haiti between October 2010 and March 2018

Year	*Population*	*Suspected cholera cases*	*Deaths in hospitals*	*Deaths not in hospitals*	*Total deaths*	*Incidence rate (per 1,000)*
2010 (October–December)	10 085 214	185 351	2 521	1 580	4 101	18.38
2011	10 248 306	352 033	1 950	977	2 927	34.35
2012	10 413 211	101 503	597	311	908	9.75
2013	10 579 230	58 574	403	184	587	5.54
2014	10 745 665	27 392	209	88	297	2.55
2015	10 911 819	36 045	224	98	322	3.30
2016	11 078 033	41 421	307	140	447	3.74
2017	12 201 437	13 681	110	49	159	1.12
2018 (1 January–10 March)	12 201 437	902	7	2	9	0.07
Total		**816 902**	**6 328**	**3 429**	**9 757**	

Source: Ministry of Public Health and Population of Haiti.

11. The number of suspected cholera cases decreased in 2017 compared with 2016, owing largely to improved coordination, field surveillance, targeted support to priority cholera treatment centres and rapid response to detected cases. This led to an improved response to suspected cases throughout the year (95 per cent of cases received an effective response within 48 hours), which, combined with intensified hygiene awareness, including a mass communications campaign engaging local authorities, also contributed to the reduction of cases. The number of suspected cases in 2018 has continued to decline to an unprecedented weekly incidence of 42 cases in week 9. Moreover, the number of cases did not increase significantly during the high-risk period from September to December 2017, demonstrating the effectiveness of the current strategy and the deployment of funds. Despite this very encouraging result, the risk of outbreaks persists, as shown recently with localized outbreaks in the

outskirts of Port-au-Prince, Centre and northern Haiti. It is critical that the intensified cholera control efforts be maintained throughout 2018 and 2019 in order to continue to save lives and reduce the transmission of cholera in line with the targets set out in the national elimination plan.

12. Although suspected cholera cases continue to be reported throughout the country, the main burden continues to be in the three central departments of the country, namely, West, Artibonite and Centre, where 80 per cent of suspected cases in 2017 were reported. The Ministry of Public Health and Population has classified the affected communes in those departments into three categories. Type A communes have shown a high persistence of the disease in the past four years (presence of cholera for more than 50 per cent of the year). They are characterized by the presence of urban areas with sanitary conditions favourable to the transmission of the disease, significant communication or commercial factors (seaports or main roads) and important food markets. Type B communes have shown a medium persistence of the disease (25 to 50 per cent of the year) and have significant transmission factors (main roads or markets). Type C communes have shown a medium persistence of the disease (25 to 50 per cent of the year) and have limited transmission factors as these communes are at the end of the main roads. According to the Ministry's medium-term elimination plan, the suspected cases are concentrated in eight type A urban or peri-urban communes (high persistence "hotspots"), seven type B communes and three type C communes. The categorization of communities identified as A, B and C communes will be monitored and updated as needed with the revision of the Government's national plan. The commune of Saint Michel de l'Atalaye will likely be integrated into group A owing to the numerous outbreaks there in 2016 and 2017.

III. New approach: track 1

13. It is important to recall that the intensification of efforts to eliminate cholera in Haiti is widely acknowledged, in particular by Haitians themselves, as the most important contribution that the United Nations can make to supporting Haiti (see A/71/620, para. 25).

14. Track 1A, which is intensive cholera control to treat and limit the spread of the disease, is built around the Government's medium-term cholera elimination plan, comprising three main strategic elements: (a) coordination and surveillance; (b) access to health care, incorporating vaccinations (prevention), accompanying water, sanitation and hygiene support, and cholera and acute watery diarrhoea treatment with long-term integration into the health-care system; and (c) cutting transmission through the use of the alert and response mechanism, creating access to water and sanitation and promoting hygiene in cholera hotspots.

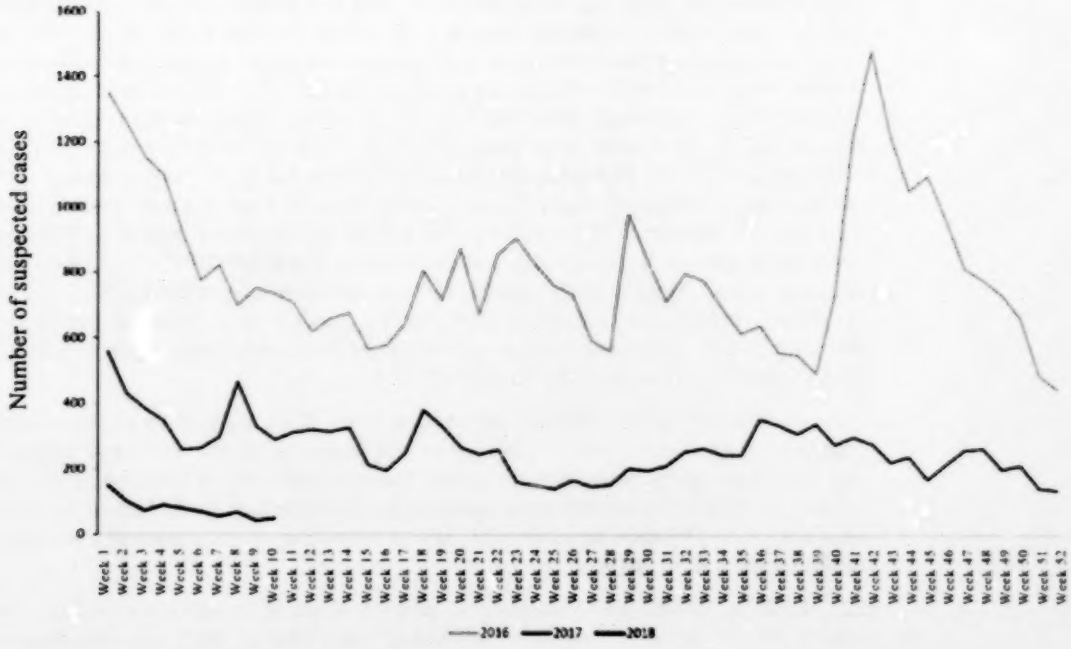
15. As at 20 March 2018, significant progress had been made towards the objective set out in the previous report to the General Assembly on the new approach to cholera in Haiti (A/71/895) of reducing the incidence of cholera to fewer than 10,000 suspected cases by the end of 2018. The key objective of track 1A of the new approach, adapted over the past year on the basis of work led by the Government of Haiti and partners (UNICEF and the Pan American Health Organization/World Health Organization (PAHO/WHO)), is to continue to reduce cholera transmission and reach the elimination targets as outlined in the national cholera elimination plan (2012–2022) as soon as possible. In order to reach the objective of early elimination, predictable funding must be ensured for the next two years, at least for track 1A.

16. Working under the leadership of the Ministry of Public Health and Population and the National Directorate for Water and Sanitation, UNICEF and PAHO/WHO have intensified their work on cholera response, with significant gains achieved in

the past years. Since the peak of the outbreak in 2010, there has been a reduction of 99 per cent in weekly transmission, from 18,500 suspected cases per week at the peak to a weekly average of 263 in 2017 and 80.8 in the first quarter of 2018, with deaths dropping by more than 99.5 per cent. From 1 January to 10 March 2018, the Ministry of Public Health and Population reported 773 suspected cholera cases and 8 related deaths, compared with 3,626 suspected cases and 58 related deaths for the same period in 2017. As mentioned, this reduction is due to a reinforced alert and response mechanism, including the ability to maintain a stable number of rapid response teams (an average of 60 teams from non-governmental organizations in support of 13 teams from the Ministry of Health and Population) in 2017 and the first months of 2018 for the first time since the teams were launched in 2014. Predictable funding in 2017 has been the cornerstone of the success as it allowed the Government and partners to build, implement and adapt response strategies all year round for the first time. It also allowed for the implementation of a large-scale community response campaign, improved surveillance and timely clinical care in the three most-affected departments. While such progress is positive, the Deputy Secretary-General and the Special Envoy have called for the continued operations of teams to ensure the continuity of the alert and response mechanism so as to avoid losing those hard-reached gains and prevent a resurgence of new cases. In order to complete the alert and response mechanism and ensure a clear path to elimination, it is of the utmost importance to accelerate oral vaccination campaigns and access to water and sanitation in the priority communes mentioned above.

17. As shown in the figure below, since epidemiological week 3 of 2017, the weekly incidence has averaged between 200 and 400 suspected cases, with a drop to below 100 cases so far in 2018. The figure also confirms that the last quarter, usually the highest risk period, saw a reduction in cases. This is the first time since 2010.

New suspected cases between 2016 and epidemiological week 10 of 2018



Source: Ministry of Public Health and Population of Haiti.

18. The Government of Haiti, UNICEF and partners are currently responsible for 58 rapid response teams operating throughout Haiti. A strategic approach is being prepared by UNICEF, with support from the World Bank, to create more autonomy and increase capacity for the teams from the Ministry of Public Health and Population, which work with international non-governmental organizations and are made up entirely of Haitian nationals trained in responding to outbreaks of cholera and acute diarrhoea. When information is received regarding a suspected cholera case, teams are dispatched within 48 hours to offer treatment to the affected person. The teams disinfect the immediate household and neighbouring households; distribute water treatment products and water storage items to households; conduct hygiene promotion activities at health facilities and for families and communities; supply oral rehydration salts and soap and conduct systematic post-distribution monitoring; install temporary water chlorination points at locations where water is identified as a likely source of contamination; assist the National Directorate for Water and Sanitation in supporting the chlorination of water and checking chlorination levels in water systems; and undertake rapid small-scale repairs of water systems.

19. In November and December 2017, approximately 85,000 inhabitants in the commune of Mirebalais received two doses of the oral cholera vaccine, using the remaining balance of vaccine stocks from the emergency campaign following Hurricane Matthew. The Ministry of Public Health and Population aims to vaccinate the entire population provided that sufficient vaccine stock is available. As an initial step, the medium-term phase of the elimination plan called for the vaccination of populations in Centre and Artibonite departments. In 2017, the Ministry prepared a plan to vaccinate upwards of 1.2 million people in both departments, dependent upon the provision of vaccines from the Global Task Force on Cholera Control. GAVI Alliance continues to support the oral cholera vaccine stockpile from which the vaccine would be provided.

20. UNICEF requires $11 million for 2018 to maintain all elements of its intensified cholera response, including rapid response, increased hygiene-awareness operations and the chlorination of water systems in exposed or affected areas. In line with the call of the Secretary-General to prioritize the continued functioning of the emergency response teams and the alert and response mechanism, $5.9 million has been raised towards this requirement. Funding has been received from the Governments of Canada and Japan, as well as the internal thematic funds of UNICEF and the UNICEF National Committees in France and Spain. This includes $1.01 million allocated by the Advisory Committee of the United Nations Haiti cholera response multi-partner trust fund on 16 March 2018, as detailed in part A of section V below. In February 2018, an additional $1.55 million was provided to UNICEF ($1.3 million for rapid response and $0.25 million for emergency water chlorination), as well as $1.7 million for WHO, through the underfunded emergency window of the Central Emergency Response Fund. Despite the positive steps in resource mobilization detailed above, $5.1 million is still required by the end of 2018.

21. In October 2016, UNICEF received a loan of $8 million from the Central Emergency Response Fund to strengthen the capacity of the alert and response mechanism in Centre, West, Artibonite and North departments. It fully repaid the loan in early 2018. In order to ensure programme continuity, and given the lack of available resources, UNICEF took an additional loan of $2 million from its internal Emergency Programme Fund in 2018.

22. In 2018, PAHO/WHO requires $7 million to maintain and improve activities related to its cholera response, including: (a) strengthening epidemiological surveillance and laboratory capacity to detect and test suspected cases of cholera ($1.5 million); (b) ensuring appropriate management of cholera cases to reduce the case fatality rate, especially for unexpected outbreaks in remote and hard-to-reach

areas and in areas without access to health facilities ($2 million); and (c) planning and implementing vaccinations in small geographical areas with frequent outbreaks or persistent cases (hotspots) ($3.5 million). Some $4.9 million has already been raised towards this requirement. A total of $1.4 million has been received from the Central Emergency Response Fund to cover all three activities, and $1.5 million was received from the United Nations Haiti cholera response multi-partner trust fund (and had been used up by March 2018). The World Bank ($850,000) and Canada ($400,000) supported clinical care improvement from 2017 to June 2018, and internal WHO and PAHO funds ($700,000) were also provided. In order to support the vaccination campaign planned for 2018 (1.5 million people with two doses), GAVI Alliance will cover $0.60 per oral cholera vaccine dose, which represents 60 per cent of the vaccination cost. Despite the successful resource mobilization detailed above, $2.1 million is still required to cover activities until the end of the year.

23. Track 1B calls for substantial, longer-term action on water and sanitation and will require significant additional resources. It is envisioned as being part of the next round of efforts, in collaboration with the Government of Haiti, to mobilize resources and investment to ensure that cholera can be a catalyst for the significant transformation of the country's water and sanitation infrastructure, while ensuring access to both by all Haitians. It should be noted that much work has already been done on this front, led by the National Directorate for Water and Sanitation, the country's water authority, and that significant investments are being deployed or considered by the Inter-American Development Bank, the Work Bank, Member States through bilateral cooperation and the private sector.

24. A water, sanitation and hygiene sectoral plan based on programming to achieve results has been developed under the leadership of the National Directorate for Water and Sanitation, with financial support from the World Bank and technical assistance from UNICEF. Other partners such as the Inter-American Development Bank and bilateral donors are actively supporting the future implementation of the plan. The overall objective of the plan is to ensure quality and sustainable universal access to clean water and sanitation services by 2030. This is in line with the International Decade for Action, "Water for Sustainable Development", 2018–2028 (see General Assembly resolution 71/222), which was launched with the help of the Secretary-General on the occasion of World Water Day in March 2018. With a view to further supporting those efforts, the Secretary-General issued a global call to action for water, sanitation and hygiene in all health-care facilities to strengthen health systems so as to reduce the spread of infectious diseases, including cholera, and support broader efforts towards universal health coverage. In the plan, five strategic objectives have been identified, namely, access to clean drinking water, user-generated profits and sustainability, access to sanitation, water management and a governance and regulatory framework. For the first three years (July 2018 to June 2021), a total budget of $254.5 million is projected for water supply ($167.6 million), sanitation ($40.6 million), governance ($26.1 million) and sustainability ($20.2 million).

IV. New approach: track 2

25. Track 2 is defined as a package of material assistance and support for those Haitians most directly affected by cholera. It is designed to be a tangible expression of the Organization's recognition and acknowledgement of the suffering of the people of Haiti owing to the cholera outbreak. As set out in the first report (A/71/620), it is aimed at providing a meaningful response to the impact of cholera on individuals, families and communities. Effectively implementing this portion of the United Nations approach must be predicated on meaningful consultations with affected

communities, resulting in an understanding of the risks and limitations involved and identifying locally driven priorities.

26. The decision was made, during the development of the new approach, to conduct consultations with those communities most affected by cholera, beginning with a pilot consultation at the epicentre of the cholera outbreak, in Mirebalais. The consultation phase of the pilot, funded through the United Nations Haiti cholera response multi-partner trust fund and executed through the United Nations Development Programme, has been successfully completed in the four communal sections of Mirebalais, which have each democratically selected a project to execute. The Special Envoy and three high-level representatives of the Government of Haiti travelled to Mirebalais on 16 February 2018 to meet several of the consultation groups, which include victims of cholera. They shared a positive assessment of the work completed and the strong, constructive and inclusive efforts and vision of the consultation groups. It was concluded that funds should be quickly disbursed to realize the first four projects in the four communal sections of Mirebalais. The Advisory Committee of the trust fund has allocated $672,876, in addition to the $500,000 initially allocated for both consultations and project implementation, to that end.

27. Local community councils were formed to determine the most appropriate type of support for the United Nations to provide to those most affected by cholera given resource constraints and the realities on the ground. These councils, known as platforms, are composed of members of local civil society, village elders, religious leaders and victims of cholera. The platforms worked in partnership with village councils (assemblies of the communal sections and boards of the municipal sections), the offices of mayors and the population through community meetings. During an independent evaluation of the project, the platforms identified the purpose of the pilot programme as working to provide support to victims of cholera and acknowledging the expression of regret by the United Nations.

28. Each of the four communal sections enrolled in the pilot project, upon their decision to pursue a community approach, developed concrete project proposals using the approach highlighted above. Priorities and projects were developed entirely by the communities and have support from local government structures. The projects identified as priorities range from the rehabilitation of market places to the development of water access points. Platforms have also identified sustainability as a prominent necessity of their project design. The communities that identified water projects as their priority noted the need for them to be implemented in coordination with the National Directorate for Water and Sanitation and the local water committees established in their region.

29. In order to proceed with project implementation, $150,000 has been allocated by the Advisory Committee of the United Nations Haiti cholera response multi-partner trust fund for each project, with one project being implemented in each communal section in addition to one project in the centre of Mirebalais. Project planning has now begun, with a focus on ensuring capital flows into the community and local sourcing and labour being utilized.

30. Beyond the pilot phase of track 2, preparations are under way to expand consultations to additional communities subject to funding availability. A total of 18 communes have been identified as hotspots by the Ministry of Public Health and Population and other government actors in the national plan for the elimination of cholera. Within those 18 communes, there are 134 communal sections, to which the above-described consultation process will expand once the methodology is agreed and funding is made available. The funds currently available in the United Nations Haiti cholera response multi-partner trust fund are prioritized for track 2 and are sufficient for expanded consultations and project implementation in approximately

30 additional communal sections. The expansion of the consultations and project implementation is currently being planned, with lessons learned from the pilot being incorporated. Further work with national government structures and civil society is required to ensure the successful expansion of track 2. Coordination with water, sanitation and hygiene and health donors will ensure that relevant efforts being made in the same communes are converging.

V. Funding

A. Voluntary contributions

31. The mandate of the Special Envoy includes guiding the implementation and actions of the new approach to reduce the impact of cholera and support the achievement of the 2030 vision of Haiti, ensuring a successful partnership between all United Nations entities and the Government of Haiti for the implementation of the new approach, providing guidance and support to the United Nations country team in Haiti to ensure alignment between its programmes and the priorities of the Secretary-General for Haiti, and developing a comprehensive fundraising strategy to seek additional voluntary contributions from Member States, the private sector and other sources and to invite individual Member States to consider providing further voluntary financial and other appropriate support to the new approach.

32. Since the outbreak of cholera in 2010, significant funds have been marshalled and deployed, estimated by the Office of the Secretary-General's Special Adviser for Community-based Medicine and Lessons from Haiti and the Office of the Special Envoy at more than $680 million, of which some $34 million in grants and $8 million in loans were provided through the Central Emergency Response Fund. In addition, 40 nations have now contributed to the United Nations Haiti cholera response multi-partner trust fund, which totals $8.7 million, making it one of the trust funds with the highest participation rates in the United Nations context.

33. The Special Envoy has met with dozens of official representatives of Member States over the past six months, and the Secretary-General has written to all Member States to appeal for the urgently needed funds.

34. In response to appeals in 2018, approximately $5.9 million has been raised to support the emergency cholera response teams coordinated by UNICEF. At least $30 million is urgently needed under track 2 for community-based projects in the areas that have been most affected by cholera. Initial track 2 consultations and projects have been completed for four communities in Mirebalais, with an initial investment of $1.17 million, which covers the entire pilot project to completion.

35. Notwithstanding the efforts of the United Nations to seek voluntary contributions for the new approach, the amount received to date is insufficient to cover the estimated costs of either track 1A or track 2 for the period 2017–2018. The longer-term track 1B also requires significant additional funding, and, according to the results-based plan of the National Directorate for Water and Sanitation, $254 million is required for the period 2018–2021.

36. The Advisory Committee of the United Nations Haiti cholera response multi-partner trust fund met on 16 March 2018. During the meeting, the members of the Committee unanimously voted to expand the membership of the Committee to include Canada, Japan and Norway in recognition of the substantial commitment and leadership of those countries in supporting the new approach to cholera. The current board membership includes Canada, Chile, France, Japan, Norway, the Republic of Korea and the United Kingdom of Great Britain of Northern Ireland. The Government

of Haiti, represented by the Permanent Representative of Haiti to the United Nations in New York, has observer status on the Committee and was represented at the meeting on 16 March 2018 by the Deputy Permanent Representative of Haiti. The Chair and Alternate Chair, in consultation with the Committee, coordinate the funding priorities and approve proposals submitted by United Nations entities and implementing partners.

37. The United Nations Haiti cholera response multi-partner trust fund was established to provide a rapid, flexible, highly transparent and accountable financing platform to support a coordinated response by the United Nations system and partners, addressing both immediate and long-term needs, with the ultimate aim of eliminating cholera in Haiti and creating an environment that enables long-term solutions and contributes to building the resilience of Haitians. The fund can receive donations from Governments, and non-governmental organizations and private donors can disburse funds to local actors, United Nations entities and international non-governmental organizations, with necessary financial transparency and oversight. The trust fund is led by the co-chairs of the Advisory Committee of the fund, the Special Envoy and the Head of the Sustainable Development Unit in the Executive Office of the Secretary-General. They are supported by the members of the Advisory Committee, consisting of representatives of United Nations agencies (UNICEF and UNDP) and contributing Member States.

38. In response to the invitation extended by the Secretary-General to Member States on 25 July 2017 to voluntarily waive the return of the 2015–2016 unencumbered balances and credits from MINUSTAH to support the new United Nations approach to cholera in Haiti, 31 Member States responded positively, resulting in $3.3 million of a cumulative $40.5 million in unencumbered balances being given to the fund. An additional $5.4 million was given in fresh contributions.

39. As at 20 March 2018, the trust fund had received commitments totalling $8.7 million from 40 Member States, including the unencumbered balances from MINUSTAH and fresh contributions. Given that $2.5 million had already been approved and programmed by the trust fund, $6.2 million was available as at 20 March. Contributing Member States included: Algeria, Argentina, Bahamas, Belgium, Belize, Canada, Chile, Côte d'Ivoire, Cuba, Cyprus, France, Grenada, Guyana, India, Ireland, Israel, Italy, Jamaica, Japan, Liechtenstein, Luxembourg, Mexico, Myanmar, Nepal, Netherlands, Norway, Palau, Paraguay, Philippines, Portugal, Republic of Korea, Senegal, Slovakia, Sri Lanka, Sudan, Sweden, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uruguay and Venezuela (Bolivarian Republic of).[1]

40. As set out above, during the recent meeting of the Advisory Committee, the co-chairs, in consultation with the Committee, approved funding from the trust fund for three new project proposals in the amount of $2.5 million, leaving $6.2 million available to be programmed as at 20 March. The three new proposals, which were submitted by UNICEF, UNDP and the Office of the Special Envoy, met the established funding priorities and scope related to the work of the new approach to cholera and the mandate of the Special Envoy, in line with the priorities of the Government of Haiti.

41. On 23 March, the President of the United States of America signed into law a bill containing provisions for a contribution of $10 million that will be made available

[1] India, Liechtenstein, Norway and Sri Lanka contributed through both the reallocation of their unencumbered balance and separate fresh contributions. Algeria, Argentina, Chile, France, Japan, the Philippines, the Republic of Korea, Sweden and the United Kingdom of Great Britain and Northern Ireland made separate contributions outside their unencumbered balance.

for support of a multi-partner trust fund or other multilateral efforts to assist communities in Haiti affected by cholera resulting from MINUSTAH.

B. Development impact bond

42. In addition to seeking grant funding, innovative financing approaches for track 1A are being explored to cover critical needs. The Deputy Secretary-General and the Special Envoy consulted the Government of Haiti on 3 and 4 November 2017 about the possibility of launching a new, results-oriented, transparent "pay-for-success" development impact bond in order to raise all or part of the funds urgently needed to finish track 1A, ending the transmission of cholera. On 14 December, the Deputy Secretary-General and the Special Envoy held an initial high-level consultation with leaders from Haiti and international organizations, as well as other stakeholders, to discuss a development impact bond. On 16 February 2018, the Special Envoy followed up on the discussion with Haitian leadership through further consultations in Port-au-Prince.

43. In order to ensure potential buy-in to a development impact bond, the Special Envoy has consulted leaders in Haiti and numerous other capitals, experts in agencies such as the United States Agency for International Development and the Department for International Development, as well as experts at the World Bank, the Inter-American Development Bank and the European Investment Bank. Work continues with experts on the potential structure of such a bond and on structuring the impact measurements.

44. The Secretary-General, the Deputy Secretary-General and the Special Envoy for Haiti held a Haiti transformation retreat from 28 February to 1 March at the Greentree Foundation Estate, in Manhasset, New York. For this event, the Special Envoy brought together United Nations leadership with some of the leading innovators in finance, health and technology from the private sector and non-governmental organizations, who would be willing to stand with the Government and people of Haiti to tackle the scourge of cholera and find ways to link momentum on this front to the overall sustainable development agenda of Haiti.

45. The Office of the Special Envoy will continue to work with United Nations partners, the Government of Haiti, Member States, development banks, civil society and the private sector on structures for a possible development impact bond. Work will continue to explore concrete options at a potential next meeting, which would bring together again this group of global leaders and the Government of Haiti.

C. Other sources of funding

46. As indicated in the first report on the new approach to cholera in Haiti (A/71/620), the new approach is premised on the assumption that sufficient voluntary funding will be made available to deliver on track 2 without detracting from track 1. It therefore remains the case that the need to propose a multi-funded approach cannot be excluded.

VI. Office of the United Nations Special Envoy for Haiti

47. On 21 February 2017, in a letter to Member States, the Secretary-General indicated his intention to work closely with the Government of Haiti to chart a way forward to eliminate cholera, address the suffering it has caused and deepen the partnership in support of the 2030 vision of Haiti in line with the Sustainable

Development Goals. It is crucial that the United Nations support the efforts of the newly elected Government of Haiti and other partners to implement a vision for 2030, eliminate cholera, help to address the suffering it has caused and successfully transform the United Nations presence in the country.

48. Pursuant to General Assembly resolution 71/161 B, Josette Sheeran of the United States was appointed as the United Nations Special Envoy for Haiti on 1 July 2017 for an initial period of one year. The appointment builds upon Ms. Sheeran's extensive experience in the United Nations and her humanitarian work with Haiti. As Special Envoy, Ms. Sheeran has guided the implementation of the new United Nations approach to cholera in Haiti, while supporting the national efforts and vision of Haiti to implement the 2030 Agenda.

49. The Special Envoy has conducted extensive outreach with Member States, relevant United Nations bodies, other international governmental and non-governmental partners and the private sector on behalf of Haiti. The Office of the Special Envoy, critically anchored both at Headquarters and in Haiti, drives forward the mandate of the Special Envoy. The Office is responsible for operationalizing and coordinating the final stages of the new approach in close collaboration with the Government of Haiti, the United Nations country team, local partners, Member States, relevant Headquarters departments and divisions, agencies, funds and programmes, the Executive Office of the Secretary-General and the Office of the Deputy Secretary-General.

50. The Special Envoy has served as the representative of the Secretary-General in helping to ensure a successful partnership between the United Nations and the Government of Haiti in the implementation of the new approach. She also represents the Secretary-General as the co-chair of the High-Level Committee for the Elimination of Cholera, established by the United Nations in partnership with the Government of Haiti. She has been tasked with working with the United Nations country team in Haiti to prepare a plan of action for delivering the new approach and to ensure the implementation of the plan to help to reduce the impact of cholera in Haiti. The Special Envoy provides guidance and direction alongside the United Nations country team to ensure alignment between their programmes and with the broader priorities of the United Nations for Haiti, as well as the priorities of the Government of Haiti, and ensures the integration of cholera-related planning and programming into the transition towards sustainable and inclusive development.

51. In line with the implementation of the 2030 Agenda, the Economic Commission for Latin America and the Caribbean (ECLAC) provided assistance to the Office of the Special Envoy in support of the new United Nations approach to cholera in Haiti. A funding grant of $135,000 was established in August 2017. This enabled the Special Envoy to initiate and carry out key programmatic activities and high-level engagements on Haiti related to tracks 1 and 2 during the last quarter of 2017 and the first quarter of 2018. The funding and substantial support of ECLAC have helped to advance and contribute to the progress towards a renewed, strengthened and more effective partnership with Haiti and Haitians and ending the transmission of cholera in Haiti.

52. Reducing cholera transmission to zero, improving access to care and treatment, addressing the longer-term issues of water, sanitation and health systems in Haiti and developing a package of material assistance and support for those Haitians most directly affected by cholera require concerted efforts and cooperation among all stakeholders so as to harness a vast amount of resources and maintain critical momentum. With a view to successfully delivering on the mandates outlined by the General Assembly in its resolution 71/161, the Office of the Special Envoy has conducted outreach with key partners and donors who have conveyed their interest in

supporting the Special Envoy and the United Nations in ending the scourge of cholera in Haiti.

53. The cholera situation in Haiti has shown that there is a greater need for the United Nations to act swiftly and decisively to address future such situations. The United Nations will have to ensure that it has in place the best institutional arrangements to ensure that it can address such situations at an early stage in order to enable a timely and effective response that addresses any potential, unintended harm caused, including reputational risk to the Organization, and mitigates against future harm and risk.

VII. Observations

54. I want to call upon the whole United Nations system, including Member States, to continue to stand behind these efforts, including the entire United Nations presence in Haiti — the United Nations country team and MINUJUSTH. I would like to thank the Office of the United Nations Special Envoy for Haiti for its invaluable contributions and the United Nations system, including the Office of the Controller, the Office for the Coordination of Humanitarian Affairs, UNICEF and ECLAC, for the critically important expertise, staff and financial support provided to the Office of the Special Envoy.

55. I take this opportunity to call upon the international community to contribute to support for the work led by the Special Envoy to achieve the vision of a cholera-free Haiti and support the achievement of the 2030 vision of Haiti for sustainable development. I am encouraged by and grateful for the support provided to the Special Envoy, who has put the Organization's expression of regret into bold action. While big challenges still lay ahead, the leadership of the Special Envoy and the trust and confidence demonstrated in her have been and will continue to be key to coordinating and mobilizing financial, operational and technical support to fully partner with Haiti and end this chapter with dignity.

56. On 11 January 2018, in close coordination with the Government of Haiti, the humanitarian country team in Haiti launched the revised multi-year humanitarian response plan for 2017/18. The plan requests $252.2 million to reach 2.2 million of the 2.8 million people in need with humanitarian assistance and protection services. Of that $252.2 million, $21.7 million is included for cholera response. Humanitarian challenges in Haiti remain related directly to longer-term development constraints, as highlighted by the Deputy Secretary-General following her visit to Haiti from 3 to 5 November 2017 together with the Special Envoy.

57. On 7 December 2017, the Minister of Planning and External Cooperation and my Deputy Special Representative for Haiti, together with the Heads of the United Nations country team in Haiti, signed the joint workplans of the United Nations Development Assistance Framework, 2017–2021. The workplans cover the period from October 2017 to December 2018 and include activities of the country teams relating to the five outcomes of the Framework, namely, poverty reduction and employment, access to basic social services, protection and gender equality, resilience and governance. The outcomes identify the Sustainable Development Goals to be addressed in each pillar. The workplans were prepared by the outcome groups and national counterparts and validated through a national consultation held on 31 October 2017. In addition, an initial mainstreaming, acceleration and policy support mission was conducted from 28 January to 3 February 2018, aimed at informing the existing draft national road map on the Sustainable Development Goals, including the selection of priority Goals.

58. The start of operations of MINUJUSTH, on 16 October 2017, provides an opportunity for a reinvigorated partnership with Haiti. The establishment of MINUJUSTH reflects the commitment of the United Nations to support the consolidation of previous gains in the sector of peace and security, creating space for the promotion of peacebuilding, longer-term stability and inclusive, sustainable development in Haiti through support for the Government's efforts to strengthen the rule of law. I reiterate the message conveyed by my Deputy Secretary-General during her visit to Haiti in November: the United Nations stands in full solidarity with the people and the Government of Haiti. I look forward to concrete results emerging from this partnership, through the joint implementation, together with the people and Government of Haiti, of common priorities in line with the 2030 Agenda for Sustainable Development.

59. The Office of the Special Envoy will also engage with MINUJUSTH and the United Nations country team in assessing the capacity of the United Nations in Haiti for the transition to a more development-oriented presence, including through a capacity assessment of the country team that is informed by a gender perspective and the women, peace and security pillar and that highlights the importance of the cholera work.

60. I request the General Assembly to continue to encourage Member States to come forward with contributions and continue to support the path of Haiti towards long-term stability and sustainable development. I welcome the decision by the Government of Haiti to revise the national plan for the elimination of cholera aimed at reducing transmission to zero. The revision of this plan to make it a more updated and streamlined multi-year plan is imperative to reach zero transmission and attack the root causes of the epidemic. I stress the need to renew the partnership of the United Nations with the Government and people of Haiti and reinforce State institutions to take the steps necessary to eliminate the transmission of cholera and prevent further outbreaks, including through innovations and public-private partnerships.

61. It is proposed that I submit a further report to the General Assembly on the new approach to cholera for consideration at its seventy-third session. My future reports on the new approach will be focused on presenting to the Assembly the progress achieved in raising funds, as well as the risks and challenges discovered in the process of implementing the two tracks, and in creating links to the broader achievement of the 2030 Agenda in Haiti.

62. I welcome the ongoing discussions that my Special Envoy for Haiti has initiated with the President of Haiti, Jovenel Moïse, and his Cabinet on innovative approaches to ensure investment in the country's cholera elimination plan and to raise the funds necessary to close the chapter on cholera with dignity, using this experience as an opportunity to create access for Haiti to genuine investment and more substantial global partnerships.

63. In conclusion, I would like to commend my Special Envoy and her team, who, together with the Office of the Deputy Secretary-General, the Resident Coordinator and the United Nations country team in Haiti, all work tirelessly, dedicating themselves to ending this chapter of cholera in Haiti with dignity and building a new spirit of partnership with the country as a foundation for its prosperity, through economic growth and inclusive, sustainable development. I would also like to express my deep appreciation to the Member States who have provided voluntary contributions to the United Nations Haiti cholera response multi-partner trust fund for their steadfast support to Haiti in ending the transmission of cholera as the country strives to achieve the 2030 Agenda and for their commitment to the legacy, principles and values of the Organization.

VIII. Action requested of the General Assembly

64. **I request the General Assembly:**

(a) **To take note of the present report;**

(b) **To welcome the continued role of the United Nations Special Envoy for Haiti for an additional period of one year;**

(c) **To encourage individual Member States to provide further voluntary financial and other appropriate support for the new approach in the light of the fact that sufficient voluntary funding has still not been made available by Member States.**